

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/889324

FILING DATE

APPPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51	/		
2	/							52			
3	/							53			
4	(S)							54			
5	(S)							55			
6	(S)							56			
7	(S)							57			
8	(S)							58			
9	(S)							59			
10	(S)							60			
11	(S)							61			
12	(S)							62			
13	(S)							63			
14	(S)							64			
15	(S)							65			
16	(S)							66			
17	(S)							67			
18	(S)							68			
19	(S)							69			
20	(S)							70			
21	(S)							71			
22	(S)							72			
23	(S)							73			
24	(S)							74			
25	(S)							75			
26	(S)							76			
27	(S)							77			
28	(S)							78			
29	(S)							79			
30	(S)							80			
31	(S)							81			
32	(S)							82			
33	(S)							83			
34	(S)							84			
35	(S)							85			
36	(S)							86			
37	(S)							87			
38	(S)							88			
39	(S)							89			
40	(S)							90			
41	(S)							91			
42	(S)							92			
43	(S)							93			
44	(S)							94			
45	(S)							95			
46	(S)							96			
47	(S)							97			
48	(S)							98			
49	(S)							99			
50	(S)							100			
TOTAL IND.	/							TOTAL IND.	2		
TOTAL DEP.		↓		↓		↓		TOTAL DEP.	49	↓	
TOTAL CLAIMS	15							TOTAL CLAIMS	15		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS.